

youth Basketball





Registration: Opens Wednesday, Oct. 23rd (City Residents) Opens Wednesday, Oct. 30th (Non-City Residents)

Those in 22401 Zip Code are considered City Residents; all other zip codes are considered Non-City Residents.

Locations:

All practices will be held at Walker-Grant Middle School.

Novice and Rookie games will be played at Walker-Grant Middle School.

Jr. and Sr. division games will be played at WGMS and/or James Monroe HS.

Parents and Coaches Information:

Coaches' Meeting is Wed., Dec. 11th at 6:00 p.m. Parents' Information Pickup begins Mon., Dec. 16th

Fees:

City Residents- \$30 (Zip code must be 22401) Non-City Residents- \$60

Registration ends Tues., Nov. 26th \$20 Late-Fee after Tues., Nov. 26th

For more information, please call Justin Bullock at (540) 372-1086, ext. 224

Volunteer to Coach! No experience is required, just a desire to have fun and help kids learn the fundamentals!

Name:		Child's Name:			Phone:		
Age Divisions:			Junior (11-12 yrs)	Senior (13-15 yrs)			
E-mail:							
Practice Day Pref	erence: Mon	. & Wed.	Tue. & Thurs.	Shirt Size: AS	AM	AL	AXL
I want to coach wit	th:		(List ONE person)	I want to be:	Head Coach	Assista	nt Coach
. – – –							
	В	ackgrou	nd Check A	uthorizati	on		
Print Name:				4			
	irst)	,	,	(Last)			
		Usea:					
Current Addres		(Mo/Yr)	(Street)	(C	ity)		(Zip/State)
Previous Addre		(Mo/Yr)	(Street)	(C	ity)		(Zip/State)
Previous Addre							
		(Mo/Yr)	(Street)	(C	ity)		(Zip/State)
Social Security Number:					DOB:_		
Telephone Nun	nber:						
Drivers License	Number/Sta	te:					
Fredericksburg a comprehensive be generated for investigative consumber; current a	Parks, Recreate review of my employment sumer report rand previous re	ation, & Publi background of and/or volunt nay include, l esidences; and	ion is correct to the causing a consumer eer purposes. I undout is not limited to to criminal history records, birth records, and	lesignated agent report and/or an derstand that the the following are ords from any cr	s and represe investigative of e scope of the eas: verification iminal justice a	ntatives to consume consume of social	o conduct r report to er report/ al security
verbal or written, further authorize	, pertaining to the complete r	me, to Frede	firm, corporation, or pericksburg Parks, Referenced or data pertolude information or co	Recreation, & P taining to me wh	ublic Facilitie ich the individu	es or its ual, comp	agents.
maintain all inforr	mation receive	d from this au	blic Facilities and i uthorization in a conf d to, addresses, socia	idential manner	in order to pro	tect the	
Signature:					Date:		



Youth Basketball Registration Form Winter 2014

Participation in this program adheres the undersigned to the conditions of the Liability Waiver and thereby waives Fredericksburg Parks, Recreation & Public Facilities and its Partners from all liability.

Novice (7–8 yrs)	Rookie (9–10 yrs)	Junior Sen (11-12yrs) (13-15	(yrs) Age:	(as of 3/1/2014)				
Child's First Name		Child's Last Name		Child's Gender				
Home Address				☐ Male ☐ Female				
L			Zip	Practice Preference				
Home Phone		L L L Child's Da	te of Birth	☐ M/W ☐ T/Th ☐ No Pref				
Parent/Guardian Name				No Time Requests				
Parent/Guardian Work Phone				T-shirt Size				
Parent/Guardian E-Mail **Used for	or updates and notificat	tions**		☐ YM ☐ YL				
Emergency Contact Name	- -			☐ AS ☐ AM ☐ AL				
Emergency Contact Number				□ AXL				
Department policy states that special requests for team placement cannot be honored. This includes requests for carpooling, assignment with friends, or particular coaches, specific practice times, etc. Do you have any brothers/sisters playing? If so, what division are they in?								
ATTENTION: Does your child have any physical disabilities, allergies, medications or facts that we should be aware of? If yes, please list below:								
For Office Use Only	Date:		Amount Receive	ved:				
D.O.B.:	Ve	rified by: New	BC List Staff Initi					
		Inned by. • New •	BC List Starr lillu	als:				